MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7161

# CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Kennedyville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kennedyville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HANNAH (Middle) M. (Last) BERGLAND

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 24, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bredboy

14. MOTHER'S MAIDEN NAME: Coletta Johnsoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Matilda B. Anderson, Rural Kennedyville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — Interval Between Onset And Death: 5 Years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/24/1952 to 7/30/1953 19..., that I last saw the deceased alive on 7/30/1953, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE J. H. Hamilton (Degree or title) M.D. ADDRESS Millington, Md. DATE SIGNED 7/31/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF August 1, 1953

NAME OF CEMETERY OR CREMATORY Shrewsbury Cem.

LOCATION (City, town, or county) Rural Kennedyville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 1, 1953

REGISTRAR'S SIGNATURE Elizabeth J. Mulford

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

VS. A15

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07162

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Morgnec)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown (Morgnec Sec.)
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Branch
4. DATE OF DEATH: (Month) (Day) (Year) July 10, 1953

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Apr. 12, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Kent County Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Stryckning
14. MOTHER'S MAIDEN NAME: Mary Rebecca Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: dont know
17. INFORMANT & ADDRESS: Arthur Stryckning Chestertown, Md. Rural (Morgnec)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Heart weakness
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) HBP oldage and acute entero colitis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Oldage, Entero colitis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1953, to 7-9-, 1953, that I last saw the deceased alive on 7-9, 1953, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE H P Copeland MD (Degree or title) ADDRESS 11 Queen St Chestertown Kent DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 14, 1953
NAME OF CEMETERY OR CREMATORY Morgnec Cemetery near
LOCATION (City, town, or county) Chestertown, Md. (State) Md

DATE REC'D BY LOCAL REGISTRAR July 11-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1953
BUREAU V

07163

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Eduard (Last) Dillingham (Dillingham)
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 29-1859
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Seafood
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Eduard Dillingham
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 500 S. East ave Wm. Edw. Dillingham Balt 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444x Immediate cause (a) Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1953, to July 9, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Kester MD ADDRESS Rock Hall DATE SIGNED 7/10/53

23. BURIAL CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF July 11-53
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. 7/10/53
REGISTRAR'S SIGNATURE S. Elwood Bengess
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07165

# CERTIFICATE OF DEATH

Reg. Dist. No. 2.0.22.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chestertown 31
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Chestertown
STREET ADDRESS (If rural, give location) B road Neck

3. NAME OF DECEASED: (Type or Print) (First) Et (Middle) Ethel Rose (Last) Dowling

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 15, 1906
9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. ~~Heleb~~ Heline
14. MOTHER'S MAIDEN NAME: Clara Witlanscam (Whittaker)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Massive coronary thrombosis — Interval between onset and death: 20 minutes
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1, 1953
19b. MAJOR FINDINGS OF OPERATION: Fibroma uteri; hydrosalpinx; cystic ovaries.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30-53, 19..., to 7-14-, 19 53, that I last saw the deceased alive on 7-14-53, 19..., and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 17, 1953
NAME OF CEMETERY OR CREMATORY St. Paul Cem.
LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REG. July 16-1953
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

VS. A15 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07164

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Butlerton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Butlerton
STREET ADDRESS (If rural, give location) Worton

3. NAME OF DECEASED (Type or Print): (First) Retta (Middle) Dorsey (Last)

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953

5. SEX F. | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH Dec. 15 1874 | 9. AGE last birthday 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | 11. BIRTHPLACE (State or foreign country) Kent Co. Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Nathaniel Tilghman | 14. MOTHER'S MAIDEN NAME Eliz. Tanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Ada Butler - Worton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterial Sclerosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ulcerated Stomach

(c) Coronary Heart.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☒ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to July, 1953, that I last saw the deceased alive on July 24th, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M. D. — ADDRESS Still Pond Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 27/53 | NAME OF CEMETERY OR CREMATORY Butlerton Cemetery | LOCATION (City, town, or county) (State) Worton Kent Co. Md

DATE REC'D BY LOCAL REG. July 27-1953 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Marion V. Williams — ADDRESS Chestertown, Md

RECEIVED
JUL 29 1953
BUREAU V. S.

Items in red Film 1155 7/15/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River 18 X
STREET ADDRESS (If rural, give location) MEMQ 764B, NAS

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Patrick (Last) Fox
4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7/17/22
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief (ADC)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy airforce
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Peter Fox
14. MOTHER'S MAIDEN NAME: Bertha Madeline Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 860X
Immediate cause (a) Multiple injuries to entire body + burns - due to airplane crash
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: None

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 325 P.M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? In airplane crash

22. I hereby certify that I ~~attended~~ the deceased ~~from~~ ~~to~~ ~~on~~ ~~and~~ ~~that I last saw the deceased alive on~~ ~~19~~ ~~and~~ that death occurred at 3:25 p.m., from the causes and on the date stated above.
SIGNATURE Robert W. Farr, M.D. (DEGREE OR TITLE) ADDRESS Chestertown, Md. DATE SIGNED 7-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF July 7-1953
NAME OF CEMETERY OR CREMATORY Morgue of the U.S. Naval
LOCATION (City, town, or county) Academy Hospital (State)
DATE REC'D BY LOCAL REG. July 8-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR
ADDRESS Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8

M

T

RECEIVED
JUL 10 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 200

167

**1. PLACE OF DEATH:**

COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Golt

LENGTH OF STAY (in this place) 1 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Delaware COUNTY Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenton

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GARRISON (Middle) (Last) GOLT

4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 17, 1923

9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OLLIE GOLT

14. MOTHER'S MAIDEN NAME: JENNIE MAY SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-24-7227

17. INFORMANT & ADDRESS: LOUIS GOLT, CHESWOLD, DEL.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

8138

Immediate cause (a) Run over by automobile while asleep on a road. — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) (b) — anemia

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road

(CITY OR TOWN) Golt (COUNTY) Kent (STATE) Md

TIME OF INJURY (Month) 7 (Day) 4 (Year) 1953 (Hour) 11:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Run over by car.

22. I hereby certify that I attended the deceased from ..... to ..... 19..., that I last saw the deceased alive on ..... and ..., and that death occurred at 11:30 p.m., from the causes and on the date stated above.

I charge of the deceased & held an inspection of the remains and

SIGNATURE R. Hutchison (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-5-53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF 7/7/53

NAME OF CEMETERY OR CREMATORY Old Union Ch. Cem.

LOCATION (City, town, or county) near Blackbird (State) Del.

DATE REC'D BY LOCAL REG. July 6, 1953

REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR J. Wells Faries ADDRESS Smyrna Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1953
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 31 — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 434 Calvert St.

**3. NAME OF DECEASED: (Type or Print)** (First) Julia (Middle) (Last) HEKRY

**4. DATE OF DEATH:** (Month) 7 (Day) 18 (Year) 1953

**5. SEX:** F

**6. COLOR OR RACE:** Colored

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** April 9 1887

**9. AGE last birthday:** 66 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** Housework

**10b. KIND OF BUSINESS OR INDUSTRY:** none

**11. BIRTHPLACE (State or foreign country):** Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** dont know

**14. MOTHER'S MAIDEN NAME:** Rachel Sisco.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)** no — **16. SOCIAL SECURITY NO.:** don't know — **17. INFORMANT & ADDRESS:** (Hospital records

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

35 2X

**Immediate cause** (a) Hypostatic bronchopneumonia right — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Bedridden condition from old stroke

DUE TO

(c) hemiplegia 7-1-53 — 18 days

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)** — **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1953, to 7-18, 1953, that I last saw the deceased alive on 7-14, 1953 and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE Julius Barnes — (DEGREE OR TITLE) M.D. — ADDRESS Chestertown Md. — DATE SIGNED 7-18-53

**23. BURIAL, CREMATION REMOVAL (Specify):** — DATE THEREOF July 20, 1953 — NAME OF CEMETERY OR CREMATORY Sharptown Cem. — LOCATION (City, town, or county) (State) near - Rock Hall, Md.

DATE REC'D BY LOCAL REG. July 20-1953 — REGISTRAR'S SIGNATURE Clara L. Barnes

**24. FUNERAL DIRECTOR** J. Willis Wells — ADDRESS Chestertown, Md.

RECEIVED
JUL 22 1953
REAU V.

Item 18 Film G156 7-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 S. Cross Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 108 S. Cross St.

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Franklin (Last) KAUFMAN
4. DATE OF DEATH (Month) July (Day) 18 (Year) 1953
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 28, 1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Millinery
11. BIRTHPLACE (State or foreign country) Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jesse KAUFMAN
14. MOTHER'S MAIDEN NAME Emma Lindsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Jesse F. KAUFMAN, Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X Immediate cause (a) Myocardial failure due to chronic myocarditis.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic fever & rheumatic heart disease (not active)
(c)

INTERVAL BETWEEN ONSET AND DEATH: Several years; many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1952 to 7-18, 1953, that I last saw the deceased alive on 7-11, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-18-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Druid Ridge Cemetery July 21, 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. July 20-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR T. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1953
REAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Geo. (Last) Kerr
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH April 10-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Charles Kerr
14. MOTHER'S MAIDEN NAME Margaret Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS Charles B. Kerr Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Carcinoma tuny

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19[illegible], to July 29, 19[illegible], that I last saw the deceased alive on July 27, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE E. Chester (Degree or title) MD ADDRESS Rock Hall DATE SIGNED 7/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 31-53
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. 7/31/53
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1953
BUREAU V. S.

tems in red FilmG155 7/16/53 whw

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

**1. PLACE OF DEATH:**

COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Chestertown

LENGTH OF STAY (in this place) none

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River

STREET ADDRESS (If rural, give location) MEMQ 708A, NAS

**3. NAME OF DECEASED:** (Type or Print) (First) Gerald (Middle) Joseph (Last) LAWLER

**4. DATE OF DEATH:** (Month) 7 (Day) 7 (Year) 1953

**5. SEX:** M

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** married

**8. DATE OF BIRTH:** 2/4/22

**9. AGE last birthday:** 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Chief (AOC)

**10b. KIND OF BUSINESS OR INDUSTRY:** U. S. Navy airforce

**11. BIRTHPLACE** (State or foreign country): Wall Lake, Iowa

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Daniel V. Lawler

**14. MOTHER'S MAIDEN NAME:** deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:**

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860X

Immediate cause (a) Multiple injuries to entire body + burns due to airplane crash — INTERVAL BETWEEN ONSET AND DEATH: none

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT** (Specify) ~~SUICIDE~~ ~~HOMICIDE~~

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 3:25 P.M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? In airplane crash

22. I hereby certify that I ~~attended~~ viewed deceased ~~from~~ held an inspection quest ~~that I last saw the deceased alive on ....., 19....., and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE R. Hart Barr (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-7-53

**23. BURIAL, CREMATION REMOVAL (Specify):** Removal DATE THEREOF July 7-1953 NAME OF CEMETERY OR CREMATORY Morgue of the Naval Academy Hospital LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 8-1953 REGISTRAR'S SIGNATURE Clara S. Barnes.

**24. FUNERAL DIRECTOR** Annapolis, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED
10 1953
BUREAU V. S.

Items in red Film 155 7/16/53 w.w

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River - NAS
STREET ADDRESS (If rural, give location) Building 5, Solomons Annex

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) (Last) LETTVIN
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2/13/16
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer Lt CDR
10b. KIND OF BUSINESS OR INDUSTRY: U.S.N. airforce
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathan Lettvin
14. MOTHER'S MAIDEN NAME: Rose Rogaboy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860 X

Immediate cause (a) Multiple injuries entire body and burns sustained in airplane crash — INTERVAL BETWEEN ONSET AND DEATH: none

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 3:25 P.M.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? In airplane crash

22. I hereby certify that I attended the deceased from ....., 19....., to ....., that I last saw the deceased ~~alive on ....., 19.....~~, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF July 7-1953
NAME OF CEMETERY OR CREMATORY Morgue of the U.S. Naval Academy Hospital
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. July 8-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Annapolis, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8

RECEIVED
JUL 10 1953
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
LENGTH OF STAY (in this place) all type
HOSPITAL OR INSTITUTION OR STREET ADDRESS Worton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural, give location) Worton

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Louis (Last) Mench
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1953
5. SEX Mal.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 5 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Charles E. Mench
14. MOTHER'S MAIDEN NAME Kattie L. - Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. 212-12-3219
17. INFORMANT AND ADDRESS Mrs. Addie V. Mench - Worton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Metastatic carcinoma, generalized, of
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) abdomen, liver, omentum, mesentery &
(c) abdominal wall, probably gastric in origin

INTERVAL BETWEEN ONSET AND DEATH: Not known

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-7-53
19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1953, to July 31, 1953, that I last saw the deceased alive on 7-31, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE Acdick (Degree or title) Md. ADDRESS Chestertown, Md DATE SIGNED 8-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 3, 1953
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown Maryland (State)
DATE REC'D BY LOCAL REG. Aug. 3-1953
REGISTRAR'S SIGNATURE Clara L. Barnes
24. FUNERAL DIRECTOR Marion V. Waldman - Chestertown Md ADDRESS

RECEIVED
AUG 5 1953
BUREAU V. S.

Item 18 Film G153 7-23-53 ams

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 121 N. Durham St.

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) CONRAD (Last) Mertel
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN 25 1925
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY BETHLEHEM STEEL
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Mertel
14. MOTHER'S MAIDEN NAME ANNA. DEINLEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 218-187576
17. INFORMANT AND ADDRESS RUTH MERTEL 121 N DURHAM ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.1 Immediate cause (a) Shock (due to hemorrhage into posterior mediastinum & rt. pleural space)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown (lungs appeared cystic; slides

Final path (c) report: Hemorrhagent to Dr. Schmidt, Easton Hospital, Easton, Md.

INTERVAL BETWEEN ONSET AND DEATH 9 1/2 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: due to [illegible] of adhesions at [illegible] [illegible] of adhesions [illegible] unknown; adhesions due to healed tubercular lesion.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1953, to 7/6, 1953 that I last saw the deceased alive on 7/6/53, 19 ..., and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD
ADDRESS Rock Hall, Md.
DATE SIGNED 7/6/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY 9 1953
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.
LOCATION (City, town, or county) 4430 BELAIR RD (State) MD.

DATE REC'D BY LOCAL REG. 7
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Duppel Bros ADDRESS 1800 E LOMBARD ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Items in red FilmG155 7/16/53 vhw

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 7102

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Chestertown
LENGTH OF STAY (in this place) home
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
STREET ADDRESS (If rural, give location) MEMO 763B, NAS

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Clark (Last) SAXE

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6/17/18

9. AGE Last birthday: 36 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief (PDS)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy ship

11. BIRTHPLACE (State or foreign country): Riverside, Ill.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: deceased

14. MOTHER'S MAIDEN NAME: Eleanor Clarke Saxe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860X

Immediate cause (a) Multiple injuries & enter body — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & burns, due to airplane crash — none

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY farm

(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 3:25 P.M.

INJURY OCCURRED While at work X Not while at work ☐

HOW DID INJURY OCCUR? In airplane crash.

22. I hereby certify that I ~~attended~~ viewed the deceased ~~during the illness~~ on ~~July 7, 1953~~ and ~~that I last saw the deceased alive on ....., 19....~~, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF July 7-1953

NAME OF CEMETERY OR CREMATORY Morgue of the U.S. Naval Academy Hospital

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 8-1953

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (In this place) LHOMME
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL GALENA
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MAYE (Middle) R. (Last) SPRY
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH May 2, 1887
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAM WEBB
14. MOTHER'S MAIDEN NAME KATIE A. ROEDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331X Immediate cause (a) | CEREBRAL VASCULAR ACCIDENT | 7 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — 3 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/20, 1953, to 7/27, 1953, that I last saw the deceased alive on 7/27, 1953, and that death occurred at 12 40 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Julbrandsen MD ADDRESS Chestertown, Md. DATE SIGNED 7/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30 1953
NAME OF CEMETERY OR CREMATORY Church Hill Cem.
LOCATION (City, town, or county) Church Hill Md. (State)
DATE REC'D BY LOCAL REG. July 30-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

RECEIVED
AUG 3 1953
BUREAU V. S.

Items in red FilmG135 7/16/53 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

**1. PLACE OF DEATH:**

COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Chestertown

LENGTH OF STAY (in this place) None

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville

STREET ADDRESS (If rural, give location) Southgate Rd.

**3. NAME OF DECEASED:** (Type or Print) (First) ROBERT (Middle) EARL (Last) TERRIS

**4. DATE OF DEATH:** (Month) July (Day) 7 (Year) 1953

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED.** (Specify): Married

**8. DATE OF BIRTH:** Nov 20, 1913

**9. AGE last birthday:** 39 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Officer (LT CDR)

**10b. KIND OF BUSINESS OR INDUSTRY:** U.S. N. Air Corps

**11. BIRTHPLACE** (State or foreign country): Chicago, Ill.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Harry H. Terris

**14. MOTHER'S MAIDEN NAME:** Haroldine Glidewell

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:**

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 860X

Immediate cause (a) multiple injuries to entire body due to airplane crash — INTERVAL BETWEEN ONSET AND DEATH: None

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 3:25 P.M.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? airplane crash

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], [illegible] that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE Robert Farr (DEGREE OR TITLE) MD. ADDRESS Chestertown, Md DATE SIGNED 7-9-53

**23. BURIAL, CREMATION REMOVAL** (Specify): Removal DATE THEREOF July 7-1953 NAME OF CEMETERY OR CREMATORY Morgue of the U.S. LOCATION (City, town, or county) Naval Academy Hospital (State)

DATE REC'D BY LOCAL REG. July 8-1953 REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR Annapolis, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

RECEIVED
JUL 10 1953
BUREAU V. S.

07178

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 2021

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Kent MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) less than 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Genl | STREET ADDRESS (If rural, give location) Haven Rd |

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) LEMORE (Last) TOWNSEND, Jr

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | | July 1, 1948 | ~~5~~ 5 yrs. | - | 15 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| — | — | Maryland | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Oliver Lemore Townsend, Sr | Emma Gertrude Clothier |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| — | | — | Oliver Townsend, Rock Hall, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

812X

Immediate cause (a) Hemo-pneumothorax, right

DUE TO

Antecedent cause(s) (b) Fractured ribs - 9 & 10 (right) posteriorly — 1 hour

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| 0 | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office ~~bldg., etc.~~) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| Accident | Street | Rock Hall | Kent | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| 8 00 p.m. | | Ran in front of car driven by a Mrs. Wooleyland |

22. I hereby certify that I ~~attended~~ visited the deceased ~~from~~ held an inspection, ~~19~~ and ~~that I last saw the deceased alive on ....., 19....., and~~ that death occurred at 9 15 P.m., from the causes and on the date stated above.

SIGNATURE R Fert McFarr (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-16-53

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/18/53 | Chester Cemetery | Chestertown Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 18-1953 | Clara S. Barnes | Marvin V. Williams | Chestertown Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

Items in red FilmG155 7/16/53 whw

07179

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

**1. PLACE OF DEATH:**

COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Chestertown

LENGTH OF STAY (in this place) none

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River 18X

STREET ADDRESS (If rural, give location) MOQ 904C, NAS

**3. NAME OF DECEASED:** (Type or Print) (First) Welby (Middle) Knowles (Last) WILLIAMS

**4. DATE OF DEATH:** (Month) 7 (Day) 7 (Year) 1953

**5. SEX:** M

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): married

**8. DATE OF BIRTH:** 12/2/19

**9. AGE last birthday:** 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Officer (Lt. Cdr.)

**10b. KIND OF BUSINESS OR INDUSTRY:** U.S. navy airforce

**11. BIRTHPLACE** (State or foreign country): Wolfe City, Texas 40

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** R. W. Williams

**14. MOTHER'S MAIDEN NAME:** Virgie Knowles

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) 4 (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:**

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 860 X

Immediate cause (a) Multiple injuries to entire body & burns

DUE TO due to airplane crash

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: none

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm

(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 7 (Year) 53 (Hour) 3:25 P.M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? In airplane crash

22. I hereby certify that I attended the deceased from ..... 19.... to ..... 19.... that I last saw the deceased alive on ..... 19.... and that death occurred at 3:25 P.m., from the causes and on the date stated above.

received the remains held an inspection and

SIGNATURE R. Hunt Nare (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-7-53

**23. BURIAL, CREMATION REMOVAL** (Specify): Removal

DATE THEREOF July 7-1953

NAME OF CEMETERY OR CREMATORY Morgue of the Naval Academy Hospital

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. July 8-1953

REGISTRAR'S SIGNATURE Clara S. Barnes.

**24. FUNERAL DIRECTOR** ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1b 8

RECEIVED
JUL 10 1953
BUREAU V. S.